

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 553620

FILING DATE

10-17-05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2						
3	2					
4						
5	2					
6						
7	2					
8	2					
9						
10	2					
11			1			
12						
13			1			
14			1			
15						
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17						
18						
19						
20			1			
21			1			
22			1			
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49						
50						
TOTAL IND.			2			
TOTAL DEP.		2	2	2		
TOTAL CLAIMS			14			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						